

Remarks

This paper responds to the office action dated December 19, 2006. The rejections and objections set forth in the office action are specifically traversed. Reconsideration is respectfully requested in view of the above claim amendments and these remarks.

1. Status of the Claims

Claims 22, 25-30, 33, 35, and 43 are currently amended herewith. Claims 23-24, 32, 34, 36, and 44-45 are hereby cancelled, without prejudice. New claims 51-54 are added for consideration.

2. The Anticipation Rejection Over Lavin Should Be Withdrawn

In the Final Office Action, claims 22-24, 26-27, 34, 35, 37-40, 43-36 and 49 were rejected under 35 U.S.C. § 102(b) as being anticipated by US 5,772,585 to Lavin. This rejection is specifically traversed.

As currently amended, claim 1 recites a computer implemented medical record system, comprising: a graphical user interface consisting of first, second and third data entry screens for documenting a patient encounter and for inputting data into a patient chart stored in the medical record system, wherein the three data entry screens are organized into a subjective, objective, assessment, and plan (SOAP) format, the graphical user interface further consisting of a reason for visit data entry field for receiving a selection of a patient's primary reason for visiting a medical service provider operating the medical record system; the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient complaint, patient allergies, patient

medications, and patient problem data; the second screen being operative to accept data input relating to patient history and physical examination data, wherein the selection received in the reason for visit data entry field automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system; and the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

Lavin does not disclose or suggest all of the limitations of claim 22, as currently amended, and therefore the anticipation rejection under 35 U.S.C. § 102(b) should be withdrawn. Specifically, Lavin does not teach (1) a graphical user interface *consisting of* the three data entry screens set forth in claim 1; and Lavin does not teach (2) *a reason for visit data entry field* which, when selected, *automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system*.

With respect to the first point, Lavin discloses at least six, perhaps as many as nine, separate data entry screens for entering the data types referred to in claim 1, which are provided through the inventive three-screen data entry interface. Figure 15 of Lavin, for example, shows the "Clinical" interface that a doctor or other medical professional operates in

which include three separate data entry screens labeled "Objective," "Subjective," and "Vitals."

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PHYSICAL EXAM		
OBJECTIVE	SUBJECTIVE	VITALS
OBJECTIVE	NORMAL	COMMENT
HEENT		
NECK/THYROID		
LUNGS		
BREASTS		
HEART		
ABD		
GU		
SKELETAL		
SCOLIOSIS		
SKIN		
NEURO		

As currently amended, claim 1 now requires that the graphical user interface **consists of** the three data entry screens relating to summary data, patient history and physical examination data, and order entry data. Therefore, an interface having six, seven or even eight or nine data entry screens, as in Lavin, cannot anticipate claim 1. For this reason alone the 102(b) rejection over Lavin should be withdrawn.

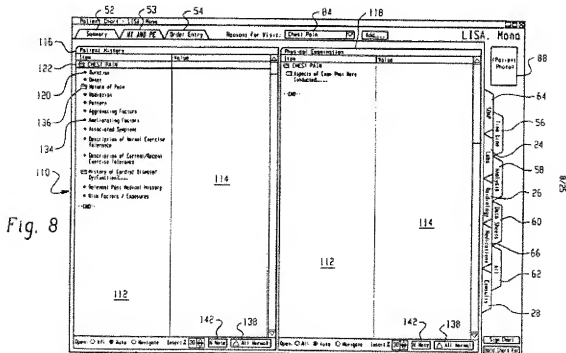
With respect to the second point noted above, Lavin does not disclose or suggest anything even remotely similar to the claimed “visit outlines” required in claim 1. As recited in claim 1, the graphical user interface includes a “reason for visit data entry field.” An example of this data entry field is shown below in Figure 7 as item 84. The “reasons for visit data entry field” (item 84) shown in Figure 7 is a drop down box that allows the medical service provider to select a primary reason for the patient’s visit. In the example shown in Figure 7, “Chest Pain” is the primary reason selected.

Fig. 7

Test	Result	Reference
10/20/1998	Active	UNSPECIFIED
10/20/1998	Active	CHEST PAIN

The selections presented by this data entry field (item 84 in Figure 7) are linked, by the system, to one or more visit outlines that will assist the medical service provider by guiding

the examination and by listing the types of information that should be collected and recorded into the medical record system. In the example of Figure 7, the selection “chest pain” is linked to a specific visit outline related to this problem. For example, as shown in Figure 8 of this application, the selection of “chest pain” as the primary reason for the visit has triggered the “chest pain” visit outline in the patient history and physical examination screen. As shown in the left most column of the data entry screen, the visit outline guides the examination by the medical service provider and lists the types of information that should be collected and recorded into the system.



In rejecting claim 23, which is now cancelled, the Examiner asserted that Lavin discloses “a plurality of visit outlines,” referring to column 2, lines 52-64 of the reference.

This portion of Lavin, however, merely refers to a relational database, and standard operations thereof, it has nothing whatsoever to do with the visit outlines as set forth in claim 1. Thus, for this additional reason, the 35 U.S.C. § 102(b) rejection over Lavin should be withdrawn.

Independent claim 35 is likewise distinguishable from Lavin, as are the claims that depend from the independent claims 22 and 35. For example, claim 26 adds the limitation that the graphical user interface further includes a plurality of picklists coupled to the selected visit outline for entering data into the medical record system, the picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical service provider. Lavin does not disclose this functionality. Claim 27 is likewise distinguishable from Lavin. This claim adds the limitation that the graphical user interface communicates with a data repository of genogramatical data and graphical depicts the patient's family medical history using the genogramatical data. This graphical display functionality is not disclosed or suggested by Lavin. The "dynamic modification" functions in claims 49 and 50 is also not disclosed or suggested in Lavin. There can be no such function in Lavin because Lavin does not even disclose the concept of the "visit outline," and therefore cannot disclose the subject matter of these additional dependent claims.

The new dependent claims 51-54 provide additional claimed subject matter that is also missing from Lavin. Claim 51 requires that the three data entry screens are selected by three tabs located on a top portion of the user interface, and also provides for a plurality of data viewing screens which are selected by a plurality of tabs located on a side portion of the

graphical user interface. In Lavin, the multitude of data screens are always provided by tabs situated along a top portion of the user interface, there are no tabs for data viewing only that are situated along a side portion of the graphical user interface. Claim 52 further defines the presentation of the visit outline on the second screen. Because Lavin does not include any type of visit outline it cannot disclose or suggest the specific presentation of a visit outline set forth in claim 52. And claims 53 and 54 relate to the “all normal” functionality described in the present application, which allows a medical service provider to click a single “all normal” button, which then selects a “normal” condition for each choice presented through a picklist. This functionality is not disclosed in Lavin. Although Lavin teaches the manual entry of “normal” data, there is no “all normal” functionality described in the reference. Therefore, these new claims are also distinguishable over Lavin.

2. The Obviousness Rejection Over Lavin and Campbell Should Be Withdrawn

Claims 25, 28-33, 36, 47, 48 and 50 were rejected as being obvious over Lavin in view of Campbell. This rejection is specifically traversed. The arguments presented above in distinguishing claims 22 and 35 over Lavin apply equally to these claims.

In addition, these claims all recite a “carepath module” which is fundamentally different from anything disclosed in Campbell. The Examiner conceded that the carepath module was not disclosed in Lavin, but then asserted that the functionality of this module was known from Campbell. This assertion is disputed, particularly in view of the amendments to claims 25 and 28.

Claim 25, for example, depends from independent claim 22 and adds the limitation of a carepath module that is linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart, wherein the carepath module also determines that additional data entry is required to evaluate the patient's condition in order to make a suggestions and prompts the user of the medical record system to input the additional data. Similar carepath functionality is set forth in the independent claim 28, although there the carepath module is not necessarily linked to the visit outline.

The portion of Campbell relied upon in the office action as disclosing a carepath module, col. 17, lines 46-60, simply refers to a "treatment protocol" which is displayed to the medical service provider. This appears to be a simple look up table type of implementation that does not provide any logic or intelligence built into the carepath. In the carepath module described in claim 25, for example, the suggestion of a particular medical treatment is made in response to the data input to the first, second and third data entry screens, and, moreover, the carepath module is smart enough to determine that additional data is required in order to make a suggested treatment and thereafter prompts the user to enter the needed data. No such intelligent carepath functionality is disclosed in the portion of Campbell relied upon in the office action. Thus, the obviousness rejection over Lavin in view of Campbell should be withdrawn.

This application is now in condition for allowance.

Respectfully submitted,

A handwritten signature in cursive script that reads "David B. Cochran". The signature is written in dark ink and is positioned above a horizontal line.

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